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## APPLICANTS

Curtis L. Alverson, Shelbyville, IN;

Mark E. Haufler, Cincinnati, OH;  
John W. Koenig, Cincinnati, OH; Barry P. Markwick, Columbus, OH;  
Michael T. Kopczewski, Grove City, OH;  
Steven L. Paletti, Worthington, OH;  
George K. Chow, Columbus, OH;  
Peter A. Koloski, Columbus, OH;

\*\* CONTINUING DATA \*\*\*\*\*

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This appln claims benefit of 60/390,539 06/21/2002

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	IN	19	43	3
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

Intellectual Property Group  
Bose McKinney & Evans LLP  
2700 First Indiana Plaza  
135 North Pennsylvania Street  
Indianapolis, IN  
46204

## TITLE

Patient transport apparatus

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